



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

| | |
|------------------------|---------------------|
| Application Number | 10/613,911 |
| Filing Date | July 5, 2003 |
| First Named Inventor | Alexander Medvinsky |
| Group Art Unit | 2136 |
| Examiner Name | Hoffman, Brandon S. |
| Attorney Docket Number | D03041 |

ENCLOSURES

(check all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-Related papers | <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} |
| <input checked="" type="checkbox"/> Prior to Additional Examination | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter with appropriate copies |
| <input checked="" type="checkbox"/> Extension of time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Response to Restriction Requirement |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Associate Power of Attorney |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CDs | <input checked="" type="checkbox"/> RCE |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | <input type="checkbox"/> Copy of Notice to File Missing Parts |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | |

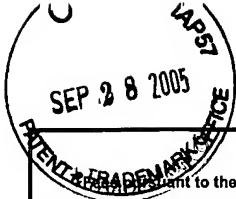
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------------|----------------------|------------------|--------|
| Firm or Individual | Benjamin D. Driscoll | Registration No. | 41,571 |
| Signature | | | |
| Date | September 26, 2005 | | |

CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

| | | | |
|-----------------------|----------------|------|--------------------|
| Typed or printed name | Carol J. Smith | | |
| Signature | | Date | September 26, 2005 |



Effective on 12/08/2004

Subject to the Consolidated Appropriations Act. 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

| | |
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| First Named Inventor | Alexander Medvinsky |
| Examiner Name | Hoffman, Brandon S. |
| Group Art Unit | 2136 |
| Attorney Docket No. | D03041 |

TOTAL AMOUNT OF PAYMENT **(\$ 910)****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
Multiple dependent claims

| Fee(\$) | Small Entity Fee (\$) |
|---------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Total Claims - 20 or HP= Extra Claims x = Fee Paid (\$)

Multiple Dependent Claims
Fee(\$) Fee Paid (\$)

HP=highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP= Extra Claims x = Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof Fee (\$)

(round up to a whole number) x

Fee Paid (\$)

4. OTHER FEE(S)

Fee Paid (\$)

Petition for 1 Mo Extension of Time
RCE

\$120
\$790

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|----------------------|------------------|--------|-----------|---------------|
| Name (Print/Type) | Benjamin D. Driscoll | Registration No. | 41,571 | Telephone | 215-3223-1840 |
|-------------------|----------------------|------------------|--------|-----------|---------------|

Signature

Date

September 26, 2005